

Figueira Decl.

Ex. 1

(Rev. 7.30.2020)

ATTORNEY GRIEVANCE COMMITTEE

Supreme Court, Appellate Division
 First Judicial Department
 180 Maiden Lane, 17th Floor
 New York, New York 10038
 (212) 401-0800

JORGE DOPICO
Chief Attorney

Email Complaint and Attachments to: AD1-AGC-newcomplaints@nycourts.gov. In addition, please send **one copy** of your complaint and attachments **by regular mail** to the above address. (If you do not have a personal email account, please send two (2) complete sets of your complaint and all attachments. There may be a delay in processing your matter if it is not emailed. Please **do not** include any original documents because we are unable to return them.)

Background Information

Today's Date: _____

Your Full Name: (Mr. Ms. Mrs.) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Business/Home Phone: _____

Email Address: _____

Are you represented by a lawyer regarding this complaint? Yes _____ No _____ If Yes:

Lawyer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Attorney Information

Full Name of Attorney Complained of: (Mr. Ms. Mrs.) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Date(s) of Representation/Incident: _____

Have you filed a civil or criminal complaint against this attorney? Yes _____ No _____ If Yes:

If yes, name of case (if applicable): _____

Name of Court: _____

Index Number of Case (if known): _____

Have you filed a complaint concerning this matter with another Grievance Committee, Bar Association, District Attorney's Office, or any other agency? Yes _____ No _____

If yes, name of agency: _____

Action taken by agency, if any: _____

Details of Complaint

Please describe the alleged misconduct in as much detail as possible including what happened, where and when, the names of any witnesses, what was said, and in what tone of voice, etc. Use additional sheets if necessary.

Complainant's Signature (Required): _____